

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048873

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 257

Primary Registration District No. 3048

Registrar's No. 291

STATE FILE NUMBER

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY

NOBWAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Maryville

Length of stay in lb
5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St Francis Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

NOBWAY

c. CITY OR TOWN Burlington Jct

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1.20

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

Henrietta

Sloan

4. DATE OF DEATH

December 18, 1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/11/1889

9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-keeper

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Corning, Missouri

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

John Baker

13b. MOTHER'S MAIDEN NAME

Mary Turpin

14. NAME OF HUSBAND OR WIFE

Lewis Sloan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

John Sloan Burlington Jct Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heckemicar Septicemia

INTERVAL BETWEEN ONSET AND DEATH

6 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/13/63 to 12/18/63 and last saw her alive on 12/18/63. Death occurred at 6:00 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Dec 20, 1963

Ohio Cemetery

Burlington Jct Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

J. R. Hahn Burlington Jct Mo

12-28-63

Beas / bld.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0745

0740

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02040

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2965

P. O. Address Burlington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.